

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)
MAY 07 2014
Bayfield County Planning Dept

Permit #:	14-0098
Date:	6-6-14
Amount Paid:	\$1600.50
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Sweet Site Consulting</u> <u>behalf of AT+T (lease)</u>	Mailing Address: <u>8770 W. Bryn Mawr</u> <u>Suite 1300</u>	City/State/Zip: <u>Chicago IL 60631</u>	Telephone: <u>773 867 2961</u>
Address of Property: <u>22805 Kaseno Road</u>	City/State/Zip: <u>Cernucopia, WI</u>		Cell Phone: <u>616 510 0608</u>
Contractor: <u>Mill City TEC</u>	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Virginia Roth, Sweet Site</u>	Agent Phone: <u>773 867 2961</u>	Agent Mailing Address (Include City/State/Zip): <u>8770 W. Bryn Mawr #1300</u> <u>Chicago IL 60631</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>NE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-010250061510100020000</u>	PIN: (23 digits) <u>04-010250061510100020000</u>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
Gov't Lot _____	Lot(s) <u>1</u>	CSM <u>846</u>	Vol & Page <u>5/341</u>
Section <u>15</u> , Township <u>50</u> N, Range <u>06</u> W	Town of: <u>Bell</u>	Lot Size _____	Acres <u>5</u>
<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue <u>→</u>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue <u>→</u>	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$65000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	_____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	_____
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	_____	_____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: <u>33'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Antenna replacement</u>		(<input type="checkbox"/> X)	
<input type="checkbox"/> Accessory Building (specify) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Special Use: (explain) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Conditional Use: (explain) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X)	

JUN 06 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which is hereby assumed by Bayfield County in issuing this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: VP/lot Date 4-14-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Virginia Roth, Sweet Site Consulting, 8770 W. Bryn Mawr Ste 1300 Attach
City/State/Zip: Chicago IL 60631 Copy of Tax Statement

APPLICANT (PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE)

emma@sure-site.com

the box below: Draw or Sketch your Property (Regardless of what you are applying for)

- to be provided*
- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

11-030419) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

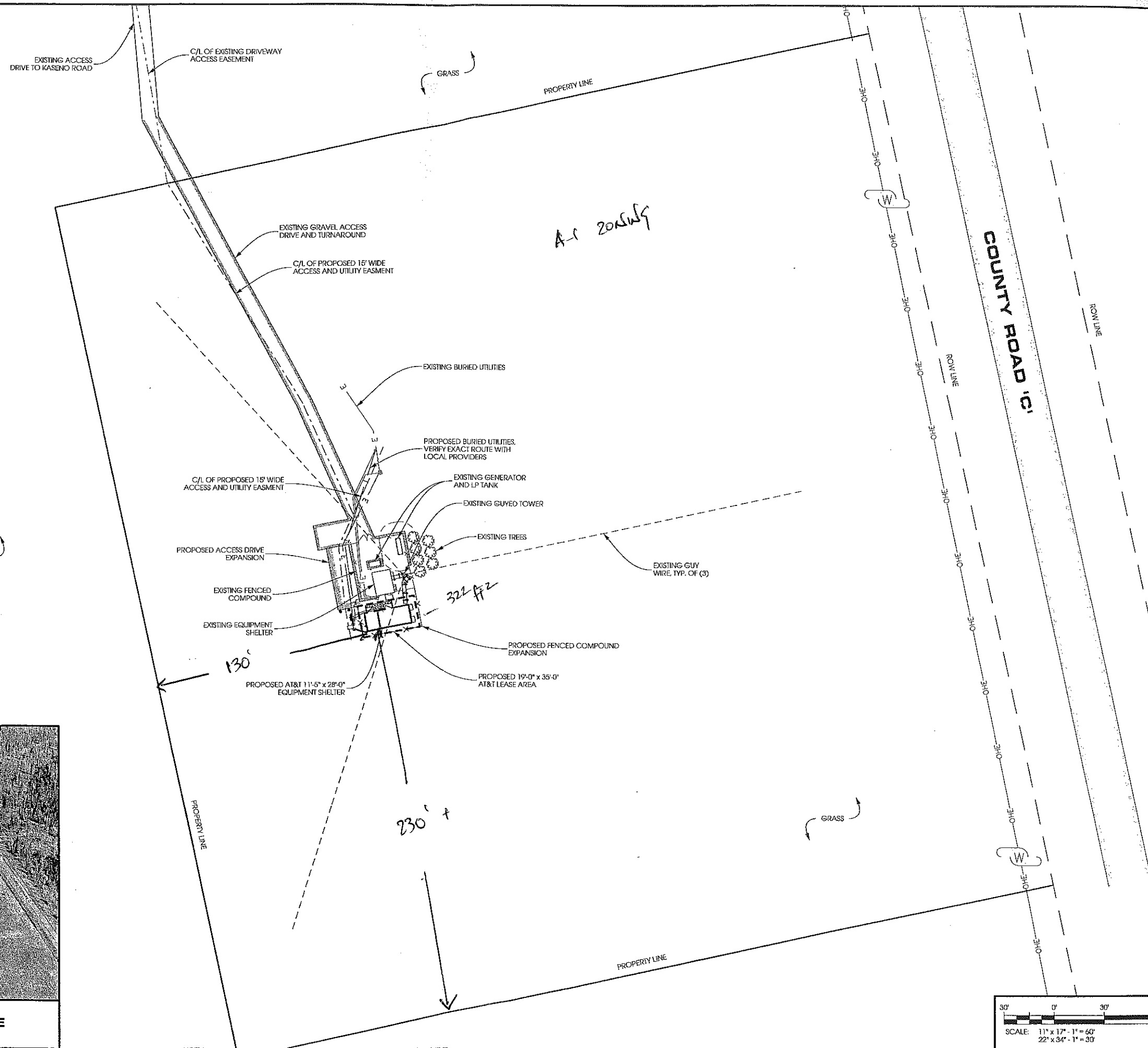
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0098		Permit Date: 6-6-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Deed of Record) (Fused/Contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District: A-1					
Date of inspection: 6-3-14		Inspected by: CREEDMORE MURPHY		Lakes Classification: N/A		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		THREE "PROPOSED" ANTENNAS APPROVED WITH AN APPROPRIATE PERMIT. (3) "FUTURE" ANTENNAS ONLY. ANTENNAS UNDER THIS PERMIT IF CONSTRUCTION COMMENCES WITHIN 1 YR OF "PROPOSED" ANTENNA CONSTRUCTION.					
Signature of Inspector:		IF NOT, PERMIT EXPIRES +		Date of Approval: 6-5-14			
Hold for Sanitary: <input type="checkbox"/>		Hold for TBA: <input type="checkbox"/>		Hold for Affidavit: <input type="checkbox"/>		Hold for Fees: <input type="checkbox"/>	

ANTENNAS REQUIRED.



AERIAL OVERVIEW OF SITE



SITE PLAN
CORNUCOPIA [W13200]
CORNUCOPIA, WISCONSIN

SHEET TITLE:

PRELIMINARY CDS:

A	PRELIM. DRAWINGS - 5/25/11
B	ANTENNA CENTERLINE - 5/25/11
C	
D	
E	

STAMPED FINALS:

0	
1	
2	
3	
4	

DRAWN BY:

OGD

CHECKED BY:

KCB

PLOT DATE:

5/25/2011

PROJECT #:

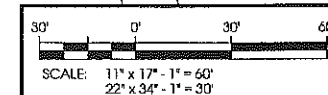
5692

FILE NAME:

C-1.dgn

SHEET NUMBER:

C-1



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

DATE RECEIVED
MAY 29 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0103
Date:	6-6-14
Amount Paid:	125.00
Refund:	5-29-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Mack Pezzi	Mailing Address: 22710 Elm Cornucopia WI 54827	Telephone: 218 235
Address of Property: 88600 Hikon st	City/State/Zip: Cornucopia WI 54827	Cell Phone: 3922
Contractor: Daniel Ganger	Contractor Phone: 715-309-0625	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: SE 1/4, NE 1/4	Legal Description: (Use Tax Statement)	PLN: (23 digits) 04-010-2-51-06-34-104-000-0000 960 Page(s) 491
Gov't Lot: _____	Lot(s): _____	CSM: _____
Vol & Page: _____	Lot(s) No.: _____	Block(s) No.: _____
Subdivision: _____	Lot Size: 60x150	Acres: 0.172
Section 34, Township S1 N, Range 6 W	Town of Bel	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$27000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Portable (w/service contract)	

Existing Structure: (if permit being applied for is relevant to it)	Length: 44	Width: 26	Height: 10'
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Storage only	(44 x 26)	1,144
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	()	
<input type="checkbox"/> Municipal Use	with Loft	()	
	with a Porch	()	
	with (2 nd) Porch	()	
	with a Deck	()	
	with (2 nd) Deck	()	
	with Attached Garage	()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	
	Mobile Home (manufactured date) _____	()	
	Addition/Alteration (specify) _____	()	
	Accessory Building (specify) _____	()	
	Accessory Building Addition/Alteration (specify) _____	()	
	Special Use: (explain) _____	()	
	Conditional Use: (explain) _____	()	
	Other: (explain) _____	()	
Rec'd for Issuance			
JUN 06 2014			

I (we) Secretarial Staff (including any accompanying information) have been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 5-29-14
(If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

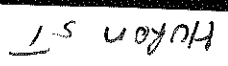
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 22710 Elm st Cornucopia WI 54827

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- 00988



(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dep

corner previously surveyed corner or marked by a licensed surveyor at the owner's expense.

one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the corner marked by a licensed surveyor at the owner's expense.

NOTICE: All parties are hereby notified that the undersigned has filed with the Clerk of the Court the following exhibits:

For The Construction Of New One & Two Family Dwellings - All Other

The local town, village, city, state or federal agencies are required to enforce the Uniform Dwelling Code.

© October 2013

under given verb to present - Surety matters found